

Second Annual Awards

NHSC Honors Outstanding Clinicians

The National Honor Awards were established to recognize those clinicians whose actions illustrate the ideals of the NHSC. As the following profiles demonstrate, these clinicians go beyond simply fulfilling their commitment. They exemplify a true dedication to the communities and the people they serve.



PHYSICIAN OF THE YEAR

Jeffrey Haskell, MD

*Lost River District Hospital
 Arco, Idaho*

In recognition for extending quality medical care to isolated, fixed-income seniors by developing and staffing the MacKay Medical Clinic.

While juggling a full load of clinic responsibilities in the hospital in rural Arco, Idaho, Dr. Haskell identified a need elsewhere and decided to do something about it. A large elderly population is nestled along Idaho's tallest mountains; the isolated location meant no health care during the winter months. In response to this need, Dr. Haskell started a clinic there in the Senior Citizen's Center.

This facility, the MacKay Medical Clinic, is not accessible by public transportation, and the roads to get there can be treacherous in snow and ice. Despite these barriers, Dr. Haskell collected the necessary equipment, motivated a staff, and kept working until the clinic was realized.

Dr. Haskell's extraordinary work with the clinic provides him with no additional income. In addition to

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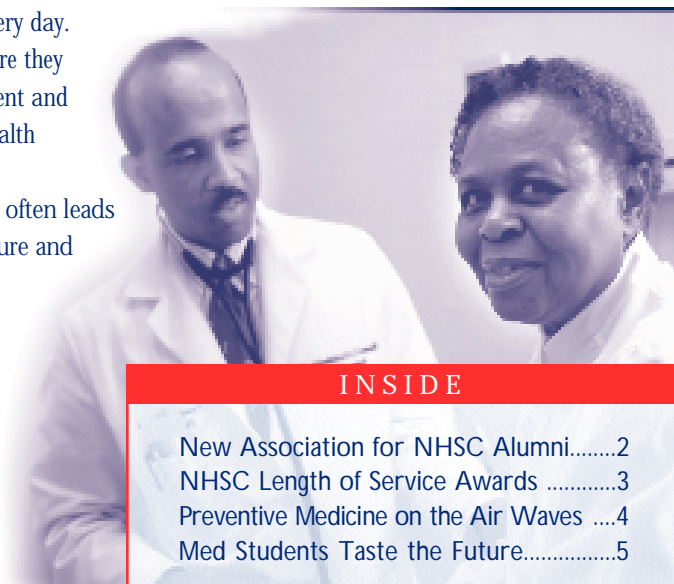
The National Health Service Corps is a program of the Federal Health Resources and Services Administration's Bureau of Primary Health Care, which is the focal point for providing primary health care to underserved and vulnerable populations.

OSTEOPOROSIS: It Affects 28 Million and Many Don't Know It Yet

Chances are you see patients with it every day. Chances are your patients are unaware they have it. The symptoms are usually silent and painless for years. What is it? A major public health problem that afflicts 28 million Americans.

Osteoporosis is a bone-thinning disease that often leads not only to fractures, but also to stooped posture and chronic pain. A National Osteoporosis Foundation (NOF) survey released last May found that osteoporosis in postmenopausal women is more common than stroke, heart attack and breast cancer combined. Although osteoporosis is commonly known as a woman's disease, 20 percent of the Americans affected by it are men.

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New Association for NHSC Alumni: Continued Opportunities for Service

An exciting new grassroots organization, the NHSC Alumni and Support Network (NASN), is being developed by and for NHSC alumni, scholars and providers. NASN's vision is "to enhance the development and support of those health professions students and clinicians affiliated with the NHSC, as well as others in support of its mission."

As part of NHSC's 1995 national initiative, "Creating a Road Map for the Future," participants discussed the future of health care reform and the role of the NHSC in shaping that future. One critical factor resurfaced throughout the discussion: the largely untapped resource of NHSC alumni.

Of particular interest were the ways NHSC clinicians can change the national health care landscape, using their considerable strength and specialized knowledge to influence legislators and the public, and to provide a support network for current providers to the underserved.

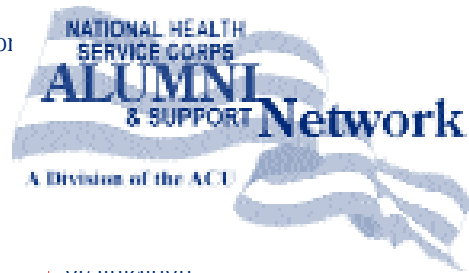
Megan Eagle, FNP, an NHSC alumna and current NASN member, explains. "Those of us who provide health care to the underserved face practical,

professional and personal challenges on a daily basis."

These challenges include needing knowledge of a myriad of private and public resources for patients, providing crisis counseling, learning management skills quickly, and even relocating to unfamiliar communities. "Our experiences are worth sharing with each other," she says, "to avoid reinventing wheels, to generate new solutions, and to provide support and inspiration."

In response to these needs and opportunities, NASN formed in January 1996 as an independent, self-supporting, tax-exempt organization. David Greene, MD, explains why NASN's philosophy motivated him to get involved. "The mission of caring for the underserved is one that allows unswerving devotion. It allows us to focus on the best part of health care: its tradition of service to others."

Greene believes it is this commitment to service, a commitment that exists above and beyond any financial obligation, that will bring and hold the alumni together. "Many of us, as NHSC alumni, were looking for an



organization

to help us continue our vocation of service after our commitments to the NHSC were completed and our careers had diverged," he says. Greene, who is one of NASN's founding members, currently serves as Board Chair.

NASN is committed to promoting the philosophy of the NHSC and supporting clinicians in the field. NASN has been specifically challenged to build a viable and extensive membership as part of the NHSC 25th Anniversary Initiative. It is reaching out to alumni across the country to invite them to become active in this endeavor.

Scott Wolpin, DDS, an NHSC alumnus and Board member, expects the group's importance to grow. "As more people are rolled into managed care insurance programs, the entire definition and demographics of who is actually underserved will evolve," he explains. "Even those in private practice will need to acquire specialized skills in order to provide care to people with a history of barriers in accessing care, and with subsequently advanced pathologies."

It is precisely this type of need that NASN hopes to answer. "I would ask current NHSC providers to think of where they may be after their commitment is over. What will the Nation's health care landscape be like?" Wolpin believes that this new organization offers clinicians the opportunity to effect lasting change on that landscape.

Calling All Alumni:

NASN invites and encourages NHSC alumni to contact them during this anniversary year to join the organization and profile their careers.

NASN has contracted with the Bernard Harris Company of White Plains, N.Y., to produce a 25th Anniversary Commemorative Directory of NHSC Alumni. NASN encourages all alumni to respond to this solicitation for information. This directory will be a networking tool for alumni and others wishing to contact them.

Individuals and groups from all disciplines, as well as community advocates, are also invited to become members and provide their input on future direction and initiatives for this organization. Membership fees vary.

NASN can be reached by the following methods:

- Internet: Use www.clinicians.org/nhsc25.html and select "Getting Involved."
- Fax-on-Demand: Call toll-free (888) 228-3294, use PIN code 99# and document number 998.
- Phone: Call (606) 263-0046.

NHSC's 25th anniversary year offers NASN a venue to highlight accomplishments of current and past providers, and to educate the public on current and future needs of America's underserved. Wolpin looks forward to the 25th Anniversary Initiative as a celebration of the impact NHSC clinicians have had in their communities, beyond improving the health of their patients. Other major initiatives for NASN include increasing networking between clinicians and promoting research into health care issues of the underserved.

NASN plans to offer a wide range of services to its membership, including a newsletter, a Web site and a member center. The member center will house a health care library for easy access to information by fax and phone and will host a peer-to-peer assistance program.

This program will build connections, facilitating advice-giving and information-sharing among the membership.

As NASN is still in the formative stage, its founding members invite suggestions and feedback from NHSC alumni, providers and scholars on current and desired services.

Most importantly, NASN is looking to bolster membership. Alumni, as members of the NHSC family, can continue to enjoy recognition for the service they have provided and the knowledge and skills they possess.

For Wolpin, NASN membership is a chance to continue serving beyond his NHSC term. "As I make my transition into private practice, I intend to dedicate some of my energies to caring for underserved people. NASN is the conduit for me to sustain my commitment to NHSC's philosophy." ■

FREEDOM OF INFORMATION ACT REQUIRES DISCLOSURE

If you have received a call from a private-sector recruiter, you may be wondering how they learned about your NHSC service. Please be aware that the NHSC only releases clinicians' names when formal requests are made through the Federal Freedom of Information Act. The NHSC, a Federal entity, is bound by this law and, when requests are received, must disclose NHSC clinicians' business addresses, phone numbers, disciplines, specialties and commitment end-dates.

NHSC Length of Service Awards

The NHSC Provider Recognition Program recently completed its fourth quarter for the NHSC Length of Service Awards. Eighteen clinicians, currently in practice in underserved communities, were chosen to receive awards based upon their years of dedicated service to communities in need. Awards are presented for 1, 3, 5, 10, 15 and 20+ years of service beyond the service commitment to the NHSC. Nominations may be submitted throughout the year by clinicians, sites, field offices and others. Contact your NHSC field office for more information.

ONE-YEAR AWARDS

Barbara Benzwi, MD	SLRP	Oakland, CA
Condetta H. Ness, PA-C	LRP	Northwood, ND
Richard W. Prensner, Jr., MD	LRP	Northwood, ND
Antonio Rivera, PA	SLRP	Oakland, CA
Anne Marie Valdez, PA	LRP	Ft. Lupton, CO
Alan J. Zieg, MD	LRP	San Diego, CA

THREE-YEAR AWARDS

Joseph Browne, MD	LRP	San Diego, CA
Paul M. Pelletier, MD	LRP	Eagle Lake, ME
Patri Zayas (Melendez), MD	SLRP	Oakland, CA

FIVE-YEAR AWARDS

Herminio Perez, MD	SCH	Cincinnati, OH
Susan Sykes, MD	SCH	Oakland, CA

TEN-YEAR AWARDS

William Brinton, MD	FA	Alamosa, CO
John C. Hadley, DO	SCH	Eads, CO
Clifford Hames, DDS	SCH	Peekskill, NY
Neil Korsen, MD	SCH	Kezar Falls, ME
Cynthia Robertson, MD	SCH	Bingham, ME

TWENTY-PLUS-YEARS HONORARY AWARDS

William Flewelling, FNP	FA	Leeds, ME
Frank Lang, FNP	FA	Downieville, CA

Key to Programs

SCH	=	NHSC Scholarship
SLRP	=	Scholarship and Loan Repayment Program
LRP	=	NHSC Loan Repayment Program
FA	=	Federal Assignee

Daily Radio Spot Promotes Preventive Medicine

Elmer Huerta, MD, MPH, a cancer prevention specialist, is not content to see patients only in his office at the Washington Cancer Institute in Washington, D.C. He feels a need to go outside the office to the area's underserved Hispanic populations and talk about preventive medicine.

To do this, Huerta volunteers his time running a daily, two-minute radio spot, a once-a-week call-in radio show, and a one-hour live television show, all produced in Spanish.

Up to four times a day, the radio spots play on more than 50 popular Hispanic stations, drumming out the message that preventive medicine is important. Huerta's program "Cuidando su Salud" ("Taking Care of Your Health") addresses everything from cancer to a healthy diet, to AIDS, to domestic violence, to wearing a seat belt.

Huerta had the idea for the spots while working as an oncologist in Peru. His patients were in the later stages of cancer. "When I talked to these people they didn't know anything about basic health, but they knew everything about soap operas, pop songs and commercials. The media weren't being used to give out basic information on health."

Now they are. Huerta's radio spots reach underserved and better-served populations alike. They're broadcast in nine of the nation's largest Hispanic population centers, and Huerta estimates that his free health messages reach up to 75 percent of the U.S. Hispanic population.

The radio spots work, he says, because they are short, air frequently and cover all areas of public health. "People hear them every single day, three or four times a day. If I am going to do a campaign about cancer, I can talk about prevention, diet, specific kinds of cancer and many other

things. It's a holistic approach to health education."

Huerta finds he is well-known across the country. When he occasionally hosts a call-in show in New York or San Francisco, he hears from listeners who tell him they are eating better, exercising and living healthier thanks to his advice.

His volunteer work has also received awards from broadcasting professionals, community groups and health professionals. In 1996, the National Cancer Institute (NCI) presented him with a Special Achievement Award. NCI noticed a 700% jump in their Spanish-speaking callers after Huerta promoted the service's toll-free number: (800) 4-CANCER.



Elmer Huerta, MD, shares health tips with his radio audience.

Huerta would like to see health radio spots tested in other ethnic communities. If the Hispanic audience is any indication, he thinks such shows would be successful. "I found people were very hungry for this information."

For information about Huerta's radio spots and distribution in your area, call Huerta's distribution group, Prevención, at (202) 832-6789. ■

MEMORANDUM

TO: Health Care Professionals

FROM: The U.S. Consumer Product Safety Commission (CPSC)

SUBJECT: Consumer Product Incident Reports

We need your help. We need you to help us identify consumer products that cause injuries, illnesses or deaths, so that we can work to reduce the risks from those products.

The U.S. Consumer Product Safety Commission (CPSC), with jurisdiction over more than 15,000 types of consumer products, has found that reports from health professionals are particularly valuable in identifying potentially hazardous products. A recent national survey showed that people are most likely to report product-related injuries to their care providers. CPSC needs that information to reduce the risks from dangerous products.

We urge you to join us in this lifesaving endeavor by reporting to us any product-related injury, illness or death that you encounter among your patients. The more specific the information we receive, the better we can decide how to prevent product-related injuries and deaths.

Reports can be filed in any of several ways:

CPSC's Web site: <http://www.cpsc.gov>, at "Talk to Us"

Mail: CPSC, Washington, DC 20207

Fax: (800) 809-0924

Phone: (800) 638-2772 (Hearing- and speech-impaired call (800) 638-8270.)

E-mail: amcdonal@cpsc.gov

Thank you for taking your caring one step further.

Externships: A Taste of the Future for Health Professions Students

For eight weeks last summer, Indiana medical students took a break from their studies to enter the real world of medicine. As part of the national externship program more formally known as the Fellowship of Primary Care Health Professionals, the 14 students gained first-hand experience in rural and urban underserved sites.

The students worked with various health care professionals, interacted with patients, and learned about the financial aspects of clinics that care for underserved populations. Most of all, the program helped them see medicine as it is practiced in many health clinics around the country. In a debriefing session at the end of the program, the students said the externships helped them remember why they had entered medical school in the first place.

The summer wasn't easy. The students saw the cultural and language barriers that can exist between clinicians and patients, as well as the economic and transportation limitations often facing underserved

populations. One student explained, "It is difficult to reconcile that, to a large extent, health care is based on how much you can pay."

As they were leaving, the students were asked what they would say to another student who was considering applying for an externship. One student's answer? "Go for it! You have an opportunity to get paid for the meaningful side of medicine."

Indiana hosts just one of NHSC's 33 externship programs, which are run by

administrators in the States or Territories. With the competitive grant coming out this fall, NHSC Fellowship Coordinator Pat Robins expects the program to have an even bigger impact on future primary care health professionals than it currently has.

To achieve this impact, Robins is introducing several new requirements into the grant application. First, she

would like to see the States sponsor more NHSC scholars in fellowship programs. Scholars who have worked in underserved sites while still in training increase their chances of choosing future sites wisely and adjusting to those sites easily.

Second, Robins would also like to see the States increase the use and

visibility of clinics that have interdisciplinary teams of providers.

And third, she would like to see the States create more partnerships with their offices of rural health, Area Health Education Centers, professional associations and academic institutions. These partnerships would increase students' options as they apply for externship positions.

In addition, Robins says the timing of the grant cycle has been changed, as per State administrators' suggestions. "We moved the deadline

because the State administrators want to go into the school year knowing how much money they have and how many places they can sponsor."

Another change in the program will require State administrators to address the needs

of the community health sites as well as those of students. For example, says Robins, a site might need access to locum tenens, continuing education programs, or the opportunity for the clinicians to work as adjunct faculty at a local university.

Finally, Robins notes that it is unlikely that the number of programs will expand this cycle. "Because there is a limited amount of funding, we find that we can't fund all the States and Territories and still have comprehensive or thorough programs." ■



While on assignment, externs participate in projects. In West Virginia, projects include diabetes and mental health screening (top two photos), and presentations to local school children on careers in health care.



Awards

Continued from page 1

his primary clinic responsibilities in Arco, the MacKay Clinic sometimes gets so busy that he sees more than 40 elderly patients per day, after which he makes house calls to those without access to the clinic.



PHYSICIAN ASSISTANT OF THE YEAR

Lt. Joseph E. Tritchler, PA-C
Federal Correctional
Institution, Allenwood
Health Services Unit
White Deer, Pennsylvania

In recognition of personal excellence in providing health care services that set the standard.

Joseph Tritchler has become the “most sought-after health care provider” at the Federal Correctional Institution where he serves. In addition, Lt. Tritchler developed, implemented and now maintains a comprehensive infectious disease program, which includes screening and prevention for hepatitis, HIV and tuberculosis. Because he is such a popular clinician, Lt. Tritchler spends many of his off-duty hours with patients who have specifically requested his medical attention. His dedication to his patients’ health extends even further into his personal time; he is pursuing a program of continuing medical education so that he can provide the most up-to-date care.

As evidence of his communication skills and dedication to his patients, Lt. Tritchler was selected to serve on the institution’s hostage negotiation team. He has effectively negotiated non-confrontational resolutions on a number of occasions.

Lt. Tritchler has also taken on the mentorship, training and supervision of PA students assigned to the facility, and donates what remains of his spare time to the Boy Scouts of America.



NURSE PRACTITIONER OF THE YEAR

Frank T. Lang, NP
Western Sierra Medical Clinic
Downieville, California

In recognition of Mr. Lang’s competence, skill, commitment and dedication as the sole clinician in a rural mountainous area of northern California. His leadership for the past 21 years reflects the highest traditions and values of the National Health Service Corps and the U.S. Public Health Service.

Mr. Lang’s distinguished career with the NHSC includes a long list of accomplishments. As one of the original NHSC volunteers, Mr. Lang developed a highly successful Community Health Program and Medical and Dental Clinic, the only health care facility for 50 miles in any direction. In 1984, he garnered community support for the purchase and remodeling of the facility, a project that was recognized in the BPHC’s 1992 Models That Work campaign.

Over the course of his career in northern California, Mr. Lang has given care through more than 80,000 patient appointments. He is also responsible for establishing a pharmacy system and programs in disaster relief, alcoholism and HIV.

In addition to providing direct patient care, Mr. Lang acted as a preceptor for the University of California at Davis School of Medicine and trained all emergency medical technicians in his area. He established a highly developed referral system with providers and institutions in adjacent communities for secondary and tertiary care.

Mr. Lang’s community involvement includes work with the Community Blood Bank Program, the Boy Scouts, the Lions Club, and the development and operation of the Western Sierra Food Bank.



DENTIST OF THE YEAR

Travis R. Shearer, DDS
Panhandle Community
Services (PCS) Health Center
Gering, Nebraska

In recognition of the vital contributions Travis Shearer, DDS, has made to improve the dental health of minority and underserved populations of the Nebraska Panhandle.

Dr. Shearer, dental director of the PCS Health Center, spearheads a number of education and prevention initiatives in local communities. His particular attention to the dental needs of children reaps significant results, particularly in the reduction of baby bottle tooth decay occurrence over the last several years.

As highlighted in In Touch, Winter 1996, Dr. Shearer organized a major education initiative on proper oral hygiene instruction and tooth care for infants and young children. The initiative included his attending PCS Health Center support groups and Head Start Centers to directly instruct parents and children.

Dr. Shearer also supports community outreach programs. For example, from April to August, his clinic offers evening dental services to accommodate migrant and seasonal farm workers and their families who are unable to leave the field during the day. In addition, the PCS Health Center is the only local practice that accepts Medicaid clients without limitation.

Dr. Shearer is also a vocal proponent for water fluoridation in his community. He devotes much of his personal time to city, county and town hall meetings, testifying on the positive effects of fluoride in the water supply and calling attention to potential reductions in tax dollars spent on dental care. Thanks to Dr. Shearer’s efforts, two Panhandle communities have voted to fluoridate their water systems.



**INTERDISCIPLINARY
PRIMARY CARE
TEAM OF THE YEAR**

Susan Sykes, MD
Johana Chapman, MD
Sylvia Perez, RN
Jennifer Hess, CNM
La Clinica de la Raza
Oakland, California

In recognition for collaborative work redesigning the prenatal program to provide higher quality care to more women with fewer resources, and for sharing resources with sister community health centers.

This prenatal team has made great strides in their Oakland clinic through the development and implementation of a new model for prenatal care. The new model required the restructuring of their clinic and included the introduction of group classes, counseling sessions and special appointments, and the reduction of visits for healthy women.

In another efficiency initiative, the team has shifted routine appointments to other providers. Expanding the roles of nurse and nurse-midwife has freed up the OB/GYN specialists for other duties. Thanks to these organizational changes, an increased patient demand has been handled without an increase in total staff.

Dr. Sykes has assumed the co-chair position in the local hospital's OB/GYN Department, strengthening the clinic's relations with the hospital. This allows for an exchange of coverage and backup assistance for family physicians and midwives.

The team has also responded to the requests of a sister clinic in Alameda County to provide clinical consultations. Overseeing women's health issues at the sister clinic, the team has had to learn new systems, build relationships with different clinicians, and develop ways to best use their consultation services. ■

Osteoporosis

Continued from page 1

There is, however, hope. Exercise, increased calcium, and avoidance of cigarettes and alcohol are ways to delay the onset and severity of the disease, even if it cannot be avoided altogether.

So why are so many patients reluctant to change their behavior? "Because if they can't see or feel it, it doesn't exist," says former NHSC scholar Diane Wolterstorff, NP, of the Yakima Farm Workers' Clinic in Yakima, Wash. Many patients wait for the swollen joints, stiffness and pain that are associated with arthritis before they become concerned about osteoporosis, according to a recent NOF survey. Six out of 10 women think that osteoporosis has warning signs or symptoms, and five out of 10 believe that there are similar treatments for both diseases.

"We're concerned that confusion surrounding these two diseases leads many women to ignore their risk for osteoporosis, thereby jeopardizing their long-term health, mobility and independence," says Robert Lindsay, MD, PhD, president of NOF and chief of internal medicine at Helen Hayes Hospital in New York City.

NHSC scholar Kurt G. Zimmer, DO, urges his patients to take preventive measures. "Number one: I want my patients to fight gravity and not lead a sedentary lifestyle," he says. "Second: They need to increase their intake of calcium."

Zimmer, of Big Springs Medical Association in Van Buren, Mo., also recognizes that "for some patients, those with kidney stones or those who are watching their fat or sodium intake, increasing their calcium intake can be a double-edged sword." He suggests that low-fat milk and cheese products and calcium-fortified orange juice may be good choices for these patients.

Wolterstorff also recommends alternative forms of calcium, such as



Proper medication can reduce the risk of fractures caused by osteoporosis.

molasses and leafy green vegetables.

The National Academy of Sciences recently increased its recommended dietary allowance for calcium in every age group. For adults ages 25 to 50, the amount of calcium was increased from 800 to 1,000 milligrams (mg), and for adults 51 and over, the recommendation increased by 50 percent, from 800 to 1,200 mg per day.

For some patients, changes in diet and lifestyle are not enough. Zimmer is most inclined to discuss pharmacological interventions with patients who are at particular risk, "especially those menopausal and postmenopausal Caucasian [and Asian] women who live a sedentary lifestyle, are ectomorphs [people with slender physical stature], have an insufficient calcium intake, and have a family history of osteoporosis. Why these women are more at risk, nobody knows."

Medications do exist that can help alleviate osteoporosis. In patients who already have osteoporosis, the goals of treatment are to increase bone mass, reduce the risks of fractures, and reduce additional bone loss.

While there is no cure for osteoporosis, it is like many diseases: An ounce of prevention is worth a pound of cure. As Zimmer says, "I even urge high school girls to pursue lifelong habits of calcium in their diets and daily exercise." ■

HRSA Focuses on Children's Health

In Tennessee's southern Appalachia, the Community Health Outreach Program provides primary health care services for children, adolescents and their families. The program also links patients with mental health services and provides basic prevention programs, including physical exams and mental health screening.

To combat a high infant mortality rate, a few of Boston's neighborhoods are working with the Mother's Mentors Project, which links pregnant and parenting women with women who have had successful pregnancies and parenting experiences. The mentors, who come from the same neighborhood as the participants, provide health education as well as emotional support.

These are two of HRSA's Children's Health Programs, part of the Department of Health and Human Services' investment in the new Children's Health Insurance Program. The DHHS expects to spend as much as \$24 billion on the program over the next five years.

HRSA, which is part of the DHHS, spent nearly \$1.1 billion on Children's Health Programs in 1997; an additional \$1.4 billion is expected to be spent in 1998. These programs are designed to help meet the needs of all children, but particularly those who are underserved and uninsured.

To ensure that the Clinton Administration is meeting its goal of improving the lives of all children, HRSA assesses each potential program against five principles and proceeds with those that measure up. These principles state that health care services must be comprehensive and coordinated, of the highest quality, community-based, culturally competent, and family-centered.

All four of HRSA's bureaus (Health Professions, Primary Health Care, HIV/AIDS, and Maternal and Child Health) are participating in the project by funding programs. Nationwide, these programs provide prenatal care, immunizations and physical exams to more than 21 million women and children.

To find out more, visit HRSA's Focus on Child Health Web site, at <http://www.hrsa.dhhs.gov/childhealth/>. ■

NHSC In Touch

is produced by The NHSC Recruitment/Retention Marketing Program. Questions or comments should be directed to *NHSC In Touch*, 5454 Wisconsin Avenue, Suite 1300, Chevy Chase, MD 20815; tel.: 301-951-9200; fax: 301-986-1641; e-mail: nhscintouch@lowassociates.com. Low + Associates Inc operates the Recruitment/Retention Marketing Program for the National Health Service Corps, Bureau of Primary Health Care, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services, under Contract No. HRSA 240-94-0043. The views and opinions expressed do not necessarily represent the official position or policy of the U.S. Department of Health and Human Services.

DEPARTMENT OF HEALTH & HUMAN SERVICES

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